

East Riding of Yorkshire Council

Supported Housing

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This comprehensive inspection took place on 17 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit. This was to enable the registered manager to arrange for staff to be available to speak with us and to gain consent from people to visit them at their home. The inspection was completed by two inspectors on the first visit and one inspector on the two further visits.

Supported Housing is owned by The East Riding of Yorkshire Council (ERYC). The service provides 24-hour domiciliary care and support to 18 people with learning disabilities in the community. It has an office base in Beverley. Support workers provide a service to people living in either supported living scheme properties or in their own homes. Hours of support are dependent upon individual needs and parts of the service operate over 24 hours, providing sleep-in support as required.

The service was last inspected in March 2016 and at that time we gave an overall rating of good. The provider had made improvements to the service since the last inspection and the well led domain has improved to outstanding.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service was caring. Staff knew the importance of developing good working relationships with the people they supported and ensured they provided person centred care based on their specific needs. People told us they felt like one big family and staff supported people to maintain relationships formed across services. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.

Staff demonstrated warm caring relations between people and staff and we were told that people felt valued and that their relations with staff were person centred and focused on them as individuals

The service was exceptionally well-led. All levels of the management team shared the same vision for providing a service that promoted a high standard of person centred care. The registered manager's enthusiastic attitude drove the service. Staff saw them as a role model and followed their lead by embedding the values of the service in all areas of support for people.

The approach of the registered manager and the staff team collectively empowered people to live their lives the way they wanted to.

The quality assurance team told us that the registered manager was extremely driven and committed to internal processes for managing quality and was always at the fore front leading the way for other services.

People using the service told us they felt safe. Staff showed a good understanding of how to keep people safe and were aware of safeguarding procedures in place to ensure safety. Detailed risk assessments supported people to take positive risk and promote people's independence. Systems were in place that ensured staff were recruited safely.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were fully involved in choosing and preparing their own meals and to maintain a healthy diet. Records showed health advice was sought in a timely manner and people had access to a range of healthcare professionals.

The service understood the needs of different people and groups of people, and delivered care and support in a way that met these needs and promoted equality. People received personalised care which was responsive to their needs. Where people's needs changed the staff worked in a proactive way to ensure these changes were communicated across the team and recorded.

People planned activities that were meaningful to them. Annual holidays were of people's own choice and staff supported people to explore new activities and interests by providing people with information of events in the local area.

End of life care plans were in place and staff supported people to explore feelings and deal with bereavement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service has remained Safe.

Systems were in place to safeguard people from abuse

All appropriate checks were completed to recruit staff safely.

Medication was managed and administered in a safe way.

Staff were seen using personal protective equipment and understood infection control procedures.

Is the service effective?

Good ●

The service has remained effective.

Staff completed regular training and were motivated and experienced to deliver effective care and support

Staff worked collaboratively with other healthcare providers to achieve the best possible outcomes for people.

People were supported to maintain a healthy diet.

Is the service caring?

Good ●

The service remained caring.

Staff in all roles were highly motivated and offered care and support that was compassionate and kind.

Staff cared for individuals in a way that promoted independence and decision making, and staff demonstrated a real empathy for people.

Creative approaches by staff supported people to maintain independence and confidence.

Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.

Is the service responsive?

Good 

The service remained responsive.

Care plans and risk assessments were detailed and reviewed on a regular basis.

People and their relatives were fully involved in review processes.

Activities were planned by people and were meaningful to them.

Complaints and compliments were responded to and recorded with clear actions to be taken recorded.

Is the service well-led?

Outstanding 

The service had improved and is outstandingly well-led.

The registered manager encouraged staff to think of creative ways to improve their own practice to enrich the lives of people.

The registered managers commitment to people shone down through the staff team and was replicated across the service.

People were supported by staff that enjoyed working at the service and were happy in their role.

Supported Housing

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 17 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit. This was to enable the registered manager to arrange for staff to be available to speak with us and to gain consent from people to visit them at their home. The inspection was completed by two inspectors.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we requested information from the local authority commissioners and Healthwatch England. Healthwatch England is an independent consumer champion for health and social care. We used the feedback we received to inform the planning of our inspection. We reviewed statutory notifications we had received. A statutory notification is information about important events which the provider is required to send to us by law.

The inspection site visit started on 17 October 2018. We met the registered manager at the service office location. The registered manager and two senior care officers were available to speak with us throughout the day.

We spoke with four members of staff. We reviewed two people's support plans and three staff files. We also looked at documentation that supported the running of the service. We spoke with four people receiving the service and following the inspection we spoke with three relatives and two health care professionals.

Is the service safe?

Our findings

People told us they felt safe, comments included, "I definitely feel safe. The staff are wonderful," "I feel safe here", "There is always someone to call on, if I need them."

Detailed risk assessments supported staff to keep people safe. They identified specific behaviours, attitudes and beliefs of people that potentially made them vulnerable. People were encouraged to take positive risks and given information about how to keep themselves safe.

A safeguarding policy was in place and all safeguarding incidents were recorded. Staff we spoke with had a good understanding of how to keep all people safe. One staff member told us, "We are well trained in safeguarding people and it is important that we do. We have a duty of care to these people."

Staff recruitment records showed that company policies and procedures were followed. All required recruitment checks were completed. For example, disclosure and barring service checks (DBS). These checks were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

A consistent staff team was in place to ensure continuity of care to people. Staff told us, "I have worked at the service for ten years" and "I have worked here for three years, I love it." Rotas showed the service continued to provide enough staff to meet people's needs and keep them safe. Deployment of staff was flexible to suit the needs of the people using the service. Where people's needs change, additional hours were put in place and the senior members of staff provided cover. The registered manager informed us there was a recruitment drive in place and casual staff were covering annual leave and sickness.

We saw medications were managed and administered safely. Staff administering medication had been trained and competencies were checked. Medicines risk assessments were in place for each person and detailed whether the person was able to manage their medicines independently or if they required support.

Staff had received training to ensure people were protected from the risk of infection and understood the use of personal protective equipment, (PPE). Staff were observed using PPE and understood infection control procedures.

Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager. The registered manager considered any accidents or incidents and produced clear action plans. Lessons learnt following incidents were communicated to staff through team meetings and supervisions.

People had a personal emergency and evacuation plan in place, which detailed their needs and behaviours.

Is the service effective?

Our findings

People were cared for by staff that were appropriately trained to understand their needs. All staff had a good understanding of people and their needs. A health professional told us, "The staff are very good and work really well with the people they support ." People told us that staff were well trained. One person said. "They know me, they know what I like and they support me really well."

Staff had completed training and were well motivated and experienced to deliver effective care and support. New members of staff completed a comprehensive induction which included online training and shadowing shifts. They did not work unsupervised until they had completed the care certificate. The care certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Records showed staff accessed training on a regular basis in line with the provider's policies. Regular supervision meetings and competency checks were carried out to monitor working practice. Records showed staff continuously developed their skills to keep up to date with best practice for the people they cared for.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where care is provided in people's own homes this is usually through MCA application procedures called Court of Protection Orders.

We checked whether the service was working within the principles of the MCA, and whether any court of protection orders and authorisations to deprive a person of their liberty were being met. Care plans demonstrated that capacity assessments were carried out in line with the principles of the Act and best interest's decisions were made involving multiple stakeholders. Staff we spoke with were knowledgeable about capacity and people's best interest's decisions.

People were supported to maintain a balanced diet. One person told us, "I like cooking and I like to go shopping for what I need." People were encouraged to play an active role in developing menus and the choices were varied and reflected their preferences. Weights were recorded monthly to support people to maintain a healthy diet and to support staff to identify diet related support.

People's records showed us health advice was sought in a timely manner. They had access to a variety of healthcare services, including GP's, dentists, chiropodists and opticians. Regular meetings with the community learning disability nurse provided extra support to staff to embed positive behaviour. Annual health checks were completed with people, professionals, relative and others of the person's choice. Information about people's health needs, behaviours and preferences was available for them to take to any appointments.

The service understood the needs of different people and groups of people and delivered care and support in a way that met these needs and promoted equality.

Is the service caring?

Our findings

Everyone we spoke with confirmed they were treated with kindness, respect and compassion. They spoke positively about the warm and compassionate relationships with the staff and told us they felt really well cared for. Comments from people included, "Staff are wonderful and are very caring", "We are like family" and "They [staff] are the best."

Our observations throughout the inspection demonstrated warm caring relations between people and staff and we were told that people felt valued and that their relations with staff were person centred and focused on them as individuals. Positive risk taking was encouraged and staff looked at creative ways of supporting people to take risks which would benefit them .

Staff in all roles were extremely motivated and offered care and support that was compassionate and kind. Staff cared for individuals and each other in a way that promoted independence and decision making, and staff demonstrated a real empathy towards people. For example, staff had identified that one person was no longer enjoying a social activity they attended, as it was no longer meeting their wider social needs. Staff spent time identifying an alternative activity which better suited this person's personality. The person formed new relationships within the community and revived old friendships from their past. This enhanced the person's wellbeing.

Staff were empathetic and caring towards people and each other. Staff were particularly sensitive to times when people needed compassionate support. Documentation showed people and staff took time to talk about their feelings following a recent bereavement. Photographs and identification boxes were kept within the service for people to explore their feelings and provide a positive way to remember people. Staff told us how other people who used the service and the full staff team had been affected by the person's death and explained how everyone provided comfort and support to each other allowing them to grieve in a way that they chose.

Staff were creative at looking at ways to provide support whilst maintaining people's independence. We saw an example where staff had provided indirect support to someone and had encouraged their peers to visit their place of employment. This resulted in the person feeling increasingly confident and valued within their role, proud of their achievements and enthused about continuing with their employment. This demonstrated how much staff valued people and our discussions with staff demonstrated a real commitment to supporting people to find meaningful activities.

Staff showed consideration for people's privacy and dignity and valued the importance of people maintaining relationships with family and friends. People told us they were supported to make their own choices and these were respected. One person told us, "I do what I want, we always talk about what I want." Another person told us, "They [staff] listen to me all the time." Staff demonstrated a real passion when talking about the difference they had made to people and supported people to maintain relationships. One example of this was where a person was having a birthday party at their home. On the night of the party the staff member gave up their room to enable another person to sleep over and attend the celebrations. This

showed staff were empowered to make people feel inclusive.

People were fully involved in how they received the service and had regular discussions with staff about any issues. Staff contributed to these meetings by providing information about events and services available within the local community for people to attend. From our observations staff had built a good rapport with people and had formed trusting relationships with them. People were seen to enjoy 'banter' with staff. We asked one person how they found the service and they answered with uncontrollable laughter and in a playful and friendly exchange of teasing remarks about staff. It was clear people were very happy with staff and open and honest relationships had been formed.

Staff in all roles respected people's privacy and dignity. Some people had very complex needs and staff were fully aware of the importance of allowing them time alone. They spent time with people to support them to explore their emotional needs and preferences. Documentation showed staff spoke with people on a regular basis and discussed what was important to them and what they wanted to achieve. People had been on holiday and attended places they had always wanted to go to.

Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them. Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. Staff spoke of people's diverse needs comfortably and understood the importance of respecting people's values and beliefs. One staff member told us, "Everyone is unique and this should be respected." Our discussions with staff clearly demonstrated that they promoted people's diverse needs and found innovative ways of supporting people.

People who require it were given communication support using various methods of communication. Information was available for people in an accessible way. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. We saw people had communication life plans which detailed the most effective ways to support people to communicate using various methods such as pictures, gestures and the appropriate vocabulary. We saw communication boxes which contained prompt cards for people to express their views and opinions. Staff had supported people to make identification boxes, which contained items that were important to people and reflected their personalities. This supported staff and visiting professionals to recognise what was important to people and assist communication with them.

The service positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves. Staff within the service understood how relatives and friends are natural advocates for people and committed listening to their views. Staff created a 'circle of friends' for people. A circle of friends is a group of people chosen by an individual to support them to make specific decisions about their health and wellbeing. One person requested the registered manager to be part of her circle of friends, which showed us that people trusted and valued the staff that supported them.

Is the service responsive?

Our findings

People told us that they were fully involved with the planning of their care. Comments included, "I tell them what I need and when I need help" and "We discuss everything I want."

The focus of this service was on making people's quality of life as positive as possible. The registered manager and staff engaged fully in providing personalised responsive care for all customers, tailored to their individual needs. For example, reasonable adjustments were made for a person to continue to be independent. A change to living arrangements enabled this person to regain their confidence and maintain their wellbeing.

Care plans and risk assessments detailed how people had been supported to identify and achieve personal goals and were reviewed on a regular basis. Information relating to people's needs and beliefs were recorded alongside information of preferred routines. This supported staff to deliver person centred care. People and relatives told us that they were fully involved in the reviewing of their care plans and where changes were needed the service acted promptly to address this. One relative said, "We are fully involved in reviews and always kept up to date with changes in our [relative's] needs."

People told us they received personalised care which was responsive to their needs. Where people's needs changed the staff worked in a proactive way to ensure these changes were communicated across the team and recorded.

People's individual needs were achieved through activities that were meaningful to them and what they were passionate about. Activities were planned by the people, this included group activities and individual ones. Staff spent time with people to find out what they would like to do. Daily logs showed conversations happened with people to explore new interests and possible services that were available to people. Annual holidays of people's own choice were planned well and staff supported people to explore possible places to visit. Staff provided people with information of up and coming events that were happening in the local area.

People were aware of how to make a complaint to the service. People we spoke with and their relatives all stated they knew how to make a complaint and felt confident that the appropriate action would be taken. Complaints and compliments were responded to and recorded with clear actions to be taken recorded. Lessons learnt and improvements were communicated to staff through regular staff meetings. These were documented and actions taken were completed in line with the company policy.

Care plans we looked at contained information on end of life care. People's needs were written in detail and contained information for staff to ensure people received a dignified, comfortable and pain free end of life. People also received support from staff to deal with bereavement. Recent bereavements within the service had prompted staff to encourage people to talk about how they were feeling and about people as part of their everyday life.

Is the service well-led?

Our findings

The service was exceptionally well-led. There was a strong organisational commitment to people using the service making sure they were at the heart of everything. People were supported by staff who were motivated and proud to work at the service. People said, "I love seeing [registered manager's name]" , "[Registered manager's name] is my friend" and "They are always popping in to see me."

The approach of the registered manager and the staff team collectively empowered people to live their lives the way they wanted to. Through their holistic approach and understanding of people's individual needs the service creatively developed a variety of support which allowed people to live their lives to the fullest in situations where they otherwise might not have been able to.

We received extremely positive comments from people and staff about the management of the service. People told us "[Name of registered manager] is brilliant, I love it when they are here" , "They are really good to me" and "I love all the staff." Staff comments included, "I like the structure of the service, it is very well managed" , "We can approach [registered manager] at any time" and "They [management team] are brilliant."

Relatives and healthcare professionals, we spoke with gave positive feedback about the registered manager and staff at the service. Comments included, "It is a near perfect situation for my relative, truly living in the community" and "The service supports people to maintain their independence by working with them." All compliments were recorded and we observed thank you cards people had made for specific staff working within the service.

Organisational values were clearly embedded across the service by the registered manager. They had been with the service for 23 years and had created a staff team who were self-managing and self-motivated. The registered manager demonstrated confidence and leadership and was focused in leading a service that was extremely kind and caring. Their values and commitment to people was reflected through the staff team and replicated across the service. For example, the registered manager and staff all supported people to fulfil their aspirations and had supported people to go on holiday and attended all events, projects and parties people were involved in. People enjoyed seeing the registered manager at events and parties within the service. This added to the feeling of the service being one big family.

The registered manager positively encouraged staff and people to access support and training to continuously improve people's quality of life and wellbeing. Staff were supported by the registered manager to be innovative and they encouraged them to think of creative ways to improve their own practice to enrich the lives of people, whilst encouraging them to share ideas across different services. Regular staff meetings were held to promote sharing best practice across locations and to keep staff up to date with changes within the service.

People using the service were supported by staff that were happy. Staff enjoyed working at the service and felt valued in their role. Staff we spoke with said, "It is a lovely place to work" , "I have been here for five years

and every day is different, I love it" and "It's the best job I have had." This showed people were supported by a staff team that were passionate about providing a service to make a difference to people's lives..

We found that this service was consistently well-led through all management levels of the service. The registered manager was supported by two senior care officers who were responsible, along with the manager, for the day-to-day running of the service. Senior care officers supported the care staff. The care staff told us "I find the registered manager approachable, but I don't often need to speak to them as the senior care officers are excellent." All management roles within this service demonstrated the same level of commitment to improving and enriching the lives of people using the service. Regular management meetings to discuss improvements were completed and included managers from other services to share ideas and best practice.

The service was consistently striving to improve the service for people. Feedback about the quality of life people experienced using the service and that of their families was regularly sought. This was then analysed and the service completed a 'you said, 'we did' in response to people's feedback. This showed people and their relatives comments were valued. For example, communication between families had improved to encourage their involvement.

A newly appointed quality assurance team supported the registered manager to monitor the quality of the service and identify improvements. The quality assurance team also supported other services within the organisation and told us that the registered manager was extremely driven and committed to internal processes for managing quality and was always at the fore front of these processes, leading the way for other services.

People were supported to be part of the local community. The registered manager worked to form meaningful links within the community and partner organisations to integrate people with the local community as much as possible. This included working with day centres, local theatre groups and employment agencies.

The provider was meeting the conditions of its registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to CQC by law.